



Developmental Index ICF-DD Level of Care Assessment Division of Developmental Disabilities

Name _____

Date _____

Person ID# _____

DOB _____

Form completed by: _____

Title: _____

Date of IPP: _____ *(The Developmental Index must be completed annually, at the time of the annual IPP.)*

Establishing functional limitations for developmental disability

Self-care: *This section gauges the individual's level of dependence in 6 activities of daily living. Mark what best describes the individual's ability.*

A. Feeding/Eating: The ability to take nourishment. This may include the act of getting food from the plate to the mouth or self use of mechanical feeding devices.

- ☐ Independent.
- ☐ Intermittent supervision or reminders but individual can feed self.
- ☐ Needs constant supervision and/or assistance in setting up meals (i.e. cutting meat, pouring fluids) but individual could feed self.
- ☐ Needs and receives total assistance from another. Individual is unable to participate.

Comments: _____

B. Meal Preparation/Clean-up: The ability to open cans, boxes, or packages; read simple cooking instructions; set temperature correctly; operate appliances; and clean cookware, dishes, and eating utensils thoroughly.

- ☐ Independent.
- ☐ Intermittent supervision or reminders but individual can prepare simple meals.
- ☐ Individual is physically unable to perform tasks but is able to make choices and direct preparation and clean-up as needed.
- ☐ Needs reminders, supervision, and/or assistance during some or all steps of preparation and clean-up.
- ☐ Totally dependent on another for meal preparation or clean-up. Individual is physically or cognitively unable to participate.

Comments: _____

C. Toileting: The ability to get to and from the toilet, commode, bedpan, or urinal, including transfer to and from the toilet; management of clothing, cleansing; and the ability to get to the toilet to empty the bladder/bowel, including changing incontinence pad/briefs, cleansing and disposing of soiled articles.

- ☐ Independent. (This includes bladder and bowel continence)
- ☐ Intermittent supervision, cueing or minor physical assistance with clothes adjustment or hygiene.
- ☐ Usually or always incontinent of bowel and bladder.

Comments: _____

D. Bathing: The ability to get to the bathing area, set correct temperature, and cleanse all parts of the body and the hair to maintain proper hygiene and prevent body odor including tub, shower, and/or sponge bath.

- ☐ Independent.
- ☐ Supervision or reminders. May need temperature set, prompting and cueing, or occasional help in and out of tub; can bathe independently.
- ☐ Physical assistance of another at all times.

Comments: _____

E. Grooming: The ability to do routine daily personal hygiene (combing hair, brushing teeth, shaving, menstrual care, and washing face and hands).

- ☐ Independent.
- ☐ Grooms self independently; may require prompting and cueing.
- ☐ Individual is physically unable to perform tasks but is able to make choices and give direction as needed.
- ☐ Supervision or assistance in some or all grooming needs.

Comments: _____

F. Dressing: The ability to put on and remove clothing, as needed. This includes both upper and lower body.

- ☐ Independent.
- ☐ Dresses self independently; may require prompting and cueing.
- ☐ Individual is physically unable to perform tasks but is able to make choices and give direction as needed.
- ☐ Physical assistance or presence of another at all times.

Comments: _____

Receptive and Expressive Language *Mark what best describes the individual's ability.*

- ☐ Communication is unimpaired and readily understood.
- ☐ Has no speech but generally understands what is going on around him/her.
- ☐ Uses augmentative communication device.
- ☐ Speech is difficult for familiar others or strangers to understand.
- ☐ Indicates choices nonverbally (*pointing, leading etc.*).
- ☐ Has no speech or uses some words but generally does not understand what is going on around him/her or meanings.
- ☐ Doesn't express a wide range of emotions, or seems unhappy, sad, or unusually passive much of the time.

Comments: _____

Learning *Mark what best describes the individual's ability.*

- ☐ Does not seem to know the function of common household objects (brush, telephone, fork, microwave, coffee pot).
- ☐ Does not follow simple instructions.
- ☐ Cannot ride a bicycle.
- ☐ Has trouble eating, sleeping, or using the toilet.

- ☐ Lashes out without any self-control when angry or upset.
- ☐ Exhibits extremely fearful or timid behavior.
- ☐ Exhibits extremely aggressive behavior.
- ☐ Seems unhappy, sad, or unusually passive much of the time.
- ☐ Avoids or seems aloof.
- ☐ Can't differentiate between fantasy and reality.

Comments: _____



Mobility *Mark what best describes the individual's ability.*

- ☐ Independent – Ambulatory without assistance/device.
- ☐ Independent, but individual needs occasional minimal assistance/guidance for ambulation.
- ☐ Can mobilize with the assist of a device, but does not need personal assistance.
- ☐ Can mobilize, but tires easily and needs the personal intermittent physical assistance of another; or can mobilize with the assist of a device but needs and receives help negotiating doorways, elevators, ramps, locking or unlocking brakes or uses complex equipment such as a power driven wheelchair.
- ☐ Needs constant physical assistance of another and receives total help with wheelchair and total assistance in turning and positioning.

Comments: _____



Self-direction The individual and/or authorized representative, such as a family member or their legal guardian has the authority and responsibility to make choices, exercise decision-making, and give direction to others regarding some or all of his/her DD services. *Mark what best describes the individual's ability.*

- ☐ Stops an activity without complaints when asked to do so or when time is up.
- ☐ Controls temper.
- ☐ Completes school projects, home activities, or work tasks on time.
- ☐ Creates self-reminders or cues.
- ☐ Is not easily distracted and able to concentrate on any single activity for more than five minutes.
- ☐ Can perform errands (*mail letters; borrow an egg from neighbor, etc.*).

Comments: _____



Capacity for Independent Living *Mark what best describes the individual's ability.*

- ☐ One or more indicators in **Self-direction** (above) are marked.
- ☐ Avoids dangerous objects or engaging in dangerous or risky activities.
- ☐ Recognizes difference between fantasy and reality and 'acceptable' and 'unacceptable' behaviors.
- ☐ Abuses self or others or destroys property (*explain*): _____
- ☐ Must be supervised constantly or have supports on-site or within proximity to allow immediate on-site availability at all times due to health and/or safety concerns (give specifics) _____
- ☐ Knowingly or unknowingly plays with dangerous objects or engages in dangerous or risky activities (give specifics) _____

Comments: _____

Economic Self-Sufficiency *Mark what best describes the individual's ability.*

- ☐ Receives earned and/or unearned income
- ☐ Counts change to \$1.00.
- ☐ Handles cash (*coins and currency*) to \$5.00 and understands value.
- ☐ Handles cash to \$10 or more and understands value.
- ☐ Makes small purchases (*pop, candy, etc.*)
- ☐ Makes routine purchases (*clothing, groceries, etc.*)
- ☐ Writes or directs others to write checks or use debit card.
- ☐ Keeps track of balances for petty cash, checking, savings, etc.

Comments: _____

Primary Medical Diagnosis (if applicable) _____

Additional Comments or Explanations: _____